

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/576534

FILING DATE

APPLICANT(S)-

CLAIMS

	CLAIMS					
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
4	3					
5	1			1		
6	1			1		
7	6			4		
8	6			1		
9	1			1		
10	1			1		
11	1			1		
12	1			1		
13	1			1		
14	1			1		
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50						
TOTAL IND.	1	↓		↓	1	↓
TOTAL DEP.	20	←		←	18	←
TOTAL CLAIMS	21				19	